



<p>This statement must be prepared and signed by the appropriate school official. The current appropriate administrator may sign this form based on personnel records. You may need to send this form to more than one district.</p>									
Applicant Information:									
Last Name				First Name				MI	
Address				City			State		Zip Code
Last Four Digits of SSN				Former Name(s)					
<p>To be completed by the School District. If the employment history is too complex to enter below, please sign this form and attach additional documentation. Please return this form to the candidate at the address listed above:</p>									
School Officials Name and Title:									
School District:									
School District City/State									
Was the licensure applicant above employed as a licensed and appropriately assigned teacher in your school?				<input type="radio"/> Yes  <input type="radio"/> No					
Employed from (month/year)				To (month/year)					
Full time		<input type="radio"/> Yes <input type="radio"/> No		Part time		<input type="radio"/> Yes <input type="radio"/> No		If Yes, FTE Equivalent? (eg .25 for ¼ time)	
Educational area the applicant was assigned to teach during employment at your school:		<input type="radio"/> Pre K <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Classes Taught _____ <input type="radio"/> Secondary (5-12) Classes Taught _____ <input type="radio"/> Special Education <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____							
I verify that the work experience information as documented on this form is correct to the best of my knowledge.									
Signature				Printed Name & Title					
Date			Email Address			Phone Number			